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ANSTRUCTIONS: This for appropriate All further coundicated unless corrected maintenance fee notification	below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and Puders and notific ) specifying a	UBLICATION FEE (if rec cation of maintenance fees new correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current ss; and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for		
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OSHA & MAY L.L.P. 1221 MCKINNEY STREET HOUSTON, TX 77010				I hereby certify that States Postal Service addressed to the M	ertificate of Mailing or Tran this Fee(s) Transmittal is being with sufficient postage for final ail Stop ISSUE FEE address SPTO (703) 746-4000, on the	ng deposited with the United rst class mail in an envelope a above, or being facsimile		
11/24/2004 CCHAU2 000	00116 09786151				·····	(Depositor's name)		
FC:8001 12.00 GP FC:1501 1370.00 GP						(Signature) (Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
09/786,151			Denis Choulette		11345.031001	4013		
TITLE OF INVENTION: N	MANAGEMENT OF DATA							
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1330		\$0	\$1330	11/26/2004		
EXAM	EXAMINER		ART UNIT					
HUA, LY		2135		713-200000				
CFR 1.363).  Change of correspond Address form PTO/SB/1  T'Fee Address' indicate PTO/SB/47; Rev 03-02  Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN  THOMSON Li  Please check the appropriate 4a. The following fee(s) are Issue Fee	tion (or "Fee Address" Indicor more recent) attached. Us  D RESIDENCE DATA TO E s an assignee is identified b n 37 CFR 3.11. Completion IEE Censing S. A. e assignee category or category enclosed: small entity discount permitt	Correspondence ation form e of a Customer  BE PRINTED ON The selow, no assignee of this form is NO (Business (will not be provided in the series).	(1) the name or agents OF (2) the name registered at 2 registered listed, no na (2) the part of the pa	ar on the patent. If an assion filing an assignment.  C: (CITY and STATE OR Cone-Billancourt tent): Individual see(s): the amount of the fee(s) is y credit card. Form PTO-20	ent attorneys  1 Osha  s a member a mes of up to If no name is  3  gnee is identified below, the  OUNTRY)  France  Corporation or other private g  enclosed.	roup entity 🚨 Governmen		
5. Change in Entity Status	(from status indicated above	e)				<u>, , , , , , , , , , , , , , , , , , , </u>		
	MALL ENTITY status. See				ALL ENTITY status. See 37 (			
The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec	is requested to apply the Iss Publication Fee (if required) ords of the United States Pat	ue Fee and Publica will not be accepted ent and Trademark	tion Fee (if any d from anyone of Office.	) or to re-apply any previou other than the applicant; a re	asly paid issue fee to the applic egistered attorney or agent; or	ation identified above. the assignee or other party i		
Authorized Signature	M	~		Date	November 22, 200	)4		
Typed or printed name _	Jonathan P. O	sha		Registration	on No. 33,986			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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(Yuki Tsukuda)

PTO/SB/17 (10-04v2)

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FEE TRANSMITTAL		Complete ii Known			
			ation	Numbe	
for FY 2005		Filing Date			February 27, 2001
	1	First Named Inventor			ntor Denis Choulette
Effective 10/01/2004. Patent fees are subject to annual revision.	{	Examiner Name			L. Hua
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit		2135
TOTAL AMOUNT OF PAYMENT (\$) 1,382.00		Attorney Docket No.		ket No	o. 11345/031001
METHOD OF PAYMENT (check all that apply)				FEE	CALCULATION (continued)
Check X Credit Money Other None  X Deposit Account:	3. A	DDITIO	ONAL	FEES	
Deposit Deposit	Large	Entity	Small	Entity	_
Account S0-0591	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description Fee Paid
Deposit Account Osha & May L.L.P.	1051	130	2051	65	Surcharge – late filing fee or oath
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month
1. BASIC FILING FEE	1252	430	2252	215	Extension for reply within second month
Large Entity Small Entity	1253	980	2253	490	Extension for reply within third month
Fee Fee Fee Fee Fee Paid  Code (\$) Code (\$)	1254	1,530	2254	765	Extension for reply within fourth month
1001 790 2001 395 Utility filing fee	1255	2,080	2255	1,040	Extension for reply within fifth month
1002 350 2002 175 Design filing fee	1401	340	2401	170	Notice of Appeal
1003 550 2003 275 Plant filing fee	1402	340	2402	170	Filing a brief in support of an appeal
1004 790 2004 395 Reissue filing fee	1403	300	2403	150	Request for oral hearing
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55	Petition to revive – unavoidable
	1453	1,370	2453		Petition to revive - unintentional
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,370	2501	685	Utility issue fee (or reissue) 1,370.00
Extra Fee from Claims below Fee Paid	1502	490	2502	245	Design issue fee
Total Claims20** = x =	1503	660	2503	330	Plant issue fee
Independent -3** = x = =	1460	130	1460	130	Petitions to the Commissioner
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt
Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1202 18 2202 9 Claims in excess of 20	1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))
1201 88 2201 44 Independent claims in excess of 3 1203 300 2203 150 Multiple dependent claim, if not paid	1810	790	2810	395	For each additional invention to be
1203 300 2203 150 Multiple dependent claim, if not paid 1204 88 2204 44 ** Reissue independent claims	1801	790	2801		examined (37CFR 1.129(b)) Request for Continued Examination (RCE)
over original patent	1802	900	1802	900	Request for expedited examination
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		fee (spe		8001	of a design application  Printed copy of patent w/o color 12.00
SUBTOTAL (2) (\$) 0.00				ing Fee	Paid SUBTOTAL (3) (\$) 1,382.00
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 1,382.00 **  *Tor number previously paid, if greater; For Reissues, see above					
SUBMITTED BY					(Complete (if applicable))
Name (Print/Type) Jonathan P. Osha Reg (Atto				986	Telephone (713) 228-8600
Signature (					Date November 22, 2004
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Dated: November 22, 2004

PTO/SB/21 (09-04)

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## Application Number 09/786,151-Conf. #4013 Filing Date **TRANSMITTAL** February 27, 2001 First Named Inventor **FORM Denis Choulette** Art Unit 2135 (to be used for all correspondence after initial filing) Examiner Name L. Hua

Total Number of Pages in This Submission		Attorney Docket Numb	er 1	1345/031001		
ENCLOSURES (Check all that apply)						
x Fee Transmittal Form	Drawing(s)			After Allowance Communication to TC		
x Fee Attached	Licensing-rel	ated Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	Petition to Co Provisional A			Proprietary Information		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
Extension of Time Request	Terminal Disclaimer			Other Enclosure(s) (please dentify below):		
Express Abandonment Request	Request for Refund			urn Receipt Postcard B - Fee(s) Transmittal		
Information Disclosure Statement	CD, Number	of CD(s)				
Certified Copy of Priority Document(s)	Landscape Table on CD					
Reply to Missing Parts/ Incomplete Application	Remarks			- 1000		
Reply to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name OSHA & MAY L.L.P.						
Signature						
Printed name Jonathan P. Osha						
Date November 22, 2004	Reg. No.	33,9	986			

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Dated: November 22, 2004	Signature:(Yuki Tsukuda)